

DRAFT

Supervisory Agreement

As required by statute, a licensed physician assistant must have a practice agreement with a licensed physician approved by the Medical Licensing Board of Indiana after review by the Physician Assistant Committee prior to beginning practice.

Physician Assistant _____
PA License Number _____
Address: _____
Phone: _____

Supervising Physician _____
Physician License Number _____
Address: _____
Phone: _____

Supervising Physician _____
Physician License Number _____
Address: _____
Phone: _____

(add additional pages if necessary)

The physician assistant is delegated to perform the following tasks and procedures that are within the physician assistant's education and training and the supervising physician's scope of practice:

The physician assistant will be providing the services described above in the following settings:

[illegible][illegible]

A PA may be delegated ability to prescribe if the PA has completed 30 contact hours of instruction in pharmacology. Please attach verification of 30 hours of pharmacology from an accredited PA program or Category I CME activity.

A PA may be delegated ability to prescribe if the PA has one year of work experience as a practicing physician assistant. (This is defined as a minimum of 1800 hours of practice.) Attach documentation of this experience.

Sign and date this form.

_____ PA	_____ MD or DO
_____ date	_____ date
	_____ MD or DO
	_____ date
	_____ MD or DO
	_____ date

Attach additional pages for additional supervising physicians if needed.